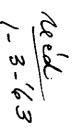
М	ISSOUR	RI DIV	ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	=62-046487
DO 146		4	Registration District No. 120 Primary Registration District NoRegistrar's No. 2	STATE FILE NUMBER
DO NOT WRITE ON THIS STUB	AMEND	ED	F11 F17 IAN 0 1062	
VS 300	9		1. PLACE OF DEATH a. COUNTY Gentry 2. USUAL RESIDENCE (Where a. STATE MO	deceased lived. If institution: Residence before COUNTY Gentry admission)
Rev. 4/59	2		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b CR OR	Inside Limits
	AMENDED	1 [TOWN King City 6 Yrs. ORN King Cit	.y
10380	<u> </u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laste Limits ADDRESS NO Yes No	(If cutside, give location) Reside on Farm Yes □ No 🛣
2380	2 8	 ↓↓ ▮		
3		1 [3. NAME OF DECEASED First Middle Last 4. DATE (Type or print) OF	Month Day Year
4 4		1	Clato Bishop Allen DEATH	Dec. 29, 1962
5 /			or define a series of the seri	Yrs Months Days Hours Min.
			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state	or country) 12. CITIZEN OF WHAT COUNTRY
6	≨	\ \ \	Farmer self-employed Whitesville	Mo. U.S.A.
7 0	일	{	13b. MOTHER'S NAME 14	NAME OF HUSBAND OR WIFE
	전 전		1 141 J O DI 1880	Lula Maude Allen
1 8 ₋ 1	SA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
	1 1 1	1 1	(Yes, no, or unknown) (If yez, give war or dates of service NO 7 Lula M. Allen	King City, Mo.,
4/63X	ARE	늘	18, CAUSE OF DEATH (Enter only one cause per line f	INTERVAL BETWEEN ONSET AND DEATH
1 10 1			IMMEDIATE CAUSE (a)	ONSET AND DEATH
11	RECORD EAD OF	DOCUMEN		•
200	STEAL		Conditions, if any, which gave rise to	
	THIS		above cause (a), stating the under-lying cause last. DUE TO (c)	
	중		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina disease condition given in PART I (a)	1 PART III. If deceased was female was there a pregnancy in last 90 days
	တ ၂၂၂		disease condition given in PAR) I (a)	Yes No Unknown
			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natur	
	AMENDMENT		PERFORMED? D D D	e of injury in PARI I of PARI II of Hem 16.)
y O	AME		20c. TIME OF Hou Month, Day, Year INJURY s.m. p.m.	
USE BLACK INK OR PEWRITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.)	COUNTY
A S S S S S S S S S S S S S S S S S S S	READ		21. I attended the deceased from: 10-29", to 62 and last saw hi	12-29-62
BL,				at of my knowledge, from the causes stated.
USE BLAC OR YPEWRITER	SHOULD	VIT OF	22a. SIGNATURE (Degree or title) 22b. ADDRESS King Cile	22c. DATE SIGNED
!		┼┼⋛┃	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. MOCATIC	ON (City, town, or county) (State)
	Q S	AFFIDA	Buplal Jan.1,1963 High Ridge Stanl	perry, Missouri
	ITEM	BY A	24 SELLIFERAL DIRECTOR PLANTS ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RI	Sistrar's Signature
1 '	1 1 1	1 1 1	Control Emberrary States and States States	



STATEMENT BY LICENSED EMBALMER

or by				, Student Embalmer No			
working under		Q_{1} Q_{2}					
Student	<u></u>	S. L. S. dalan	;	Signed	al	and Dollark	
No.	Signature of :	Student Embalmer		7 24,	۶.	P. O. Address Ting Pity W	
						P. O. Address Ting lity whis OWN HANDWRITING. (Failure to comply	

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

4 1 mas